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DECLARATION FO	R LITH ITY OR	Attorney Docket Number		JA-XA-978/US 2			
DESIGN PATENT APPLICATION		First Named Invento	r H	Hsi Kuang MA			
		COMPLETE IF KNOWN					
(37 CFR	1.63)	Application Number		/			
Declaration	Declaration	Filing Date	12/24/20	001			
Submitted OR with Initial	Submitted after Initial Filing (surcharge	Art Unit					
Filing	(37 CFR 1.16 (e)) required)	Examiner Name					
As the below named inventor, I he	reby declare that:						
My residence, mailing address, and	citizenship are as stated belo	w next to my name.					
I believe I am the original and first in	ventor of the subject matter w	which is claimed and for wh	ich a pater	nt is sought on t	the invention entitled:		
MOBILE PHONE SECURING	DEVICE						
	(Title of the In	evention)					
the specification of which	(Title of the in	venuony					
is attached hereto							
OR							
was filed on (MM/DD/YYYY)		as United States A	nnlication	Number or PCT	International		
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Application Number					1		
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hereby state that I have reviewed an	d understand the contents of	the above identified specif	fication, inc	cluding the clair	ns, as amended by		
any amendment specifically referred to	o above,			-			
acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications material information which became available between the filling date of the prior application and the national or PCT international filling date of the continuation-in-part application.							
hereby claim foreign priority benefits preeder's rights certificate(s), or 3655 states of America, listed below and b	under 35 U.S.C. 119(a)-(d) (a) of any PCT international	or (f), or 365(b) of any fore application which designa	ign applica	ation(s) for pate	nt, inventor's or plant		
States of America, listed below and horeeder's rights certificate(s), or any							
Prior Foreign Application		Foreign Filing Date	Prior	ity Certif	ied Copy Attached?		
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## DECLARATION- Utility or Design Patent Application **Customer Number** OR X | Correspondence address below Direct all correspondence to: or Bar Code Label Chauncey Johnson Name 14625 Baltimore Avenue #282 Address 20707 City Laurel MD Fax (301) 483 - 6791 U.S.A Country Telephone (301) 483 - 3300 I hereby deciare that all statements made herein of my own knowledge are true and that all statements made on information and basic are believed to be true; and further that these statements were made with the knowledge that willful false statement is and the lite so made are punishable by tine or imprisonment, or both, under 18 U.S.C. 100 1 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if any]) Hsi Kuang or Surname MA Inventor's Date, Dec. 14, 2001 Signature Residence: City Taipci State Taiwan Country R.O.C. Citizenship Taiwanese Mailing Address 4F, No. 48, Sec. 2, Chung Cherng Road, ZIP 111 Country R.O.C. City Taipei NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if any]) or Surname Inventor's Signature Date Residence: City State Country Citizenship Mailing Address City ZIP Country supplemental Additional inventor(s) sheet(s) P PTO/SB/02A attached hereto. Additional inventors are being named on the [

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to) a collection of information unless if display a valid OMB control number Under the Paperwork Reduction Act of 1995, no persons are required to res Application Number Filing Date Hsi Kuang MA MOBILE PHONE SECURING DEVICE First Named Inventor POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT** Group Art Unit **Examiner Name** Attorney Docket Number

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Practitioners at Customer Number								
		Name		Т	Registr	ration N	lumber	
		Chauncey Johnson	1	1	Registration Number 46,003			
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.								
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X Firm or								
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Address			ore Avenue #282					
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I am the:								
Applicant/ inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
SIGNATURE of Applicant or Assignee of Record								
Name	Hsi Kua							
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Signature	_	175	mang		ia			
Date Dec. 14, 2001  NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s)) are required. Submit multiple								
forms if more than one signature is required, see below*.								
□ *Total orforms are submitted.								

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